

**VA**



**U.S. Department  
of Veterans Affairs**

Veterans Health  
Administration

# Pharmacy Residency Program (PGY1)

**Accredited by the American Society of Health-System Pharmacists since 1984**

Southern Arizona VA Health Care System (SAVAHCS)

## Welcome to the Southern Arizona VA!





## Life in Tucson

Imagine living in Tucson, a city of 1 million people, with a large university that still feels like your hometown. Enjoy warm, sunny weather (approximately 320 days a year) and outstanding outdoor recreational opportunities including hiking, biking, swimming, golf, tennis, mountain climbing and skiing in your own backyard (yes, skiing in Arizona!). The University of Arizona offers an assortment of sports, music, theater, and dance groups that tour the United States and perform on campus. Tucson is situated two hours southeast of the Phoenix/Scottsdale metropolitan area. Close enough to enjoy all the sports, concerts, theatre and shopping opportunities without the congestion!

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## Residency Goals and Objectives

The purpose of the SAVAHCS PGY1 pharmacy residency program builds on Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals and objectives. Residents who successfully complete PGY1 pharmacy residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy, (i.e. BCPS) and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

## Program Description

The 52-week residency program is designed to provide ongoing clinical pharmacy activities while promoting the individual resident's needs. The program provides clinical experience with a broad range of patients and disease states in various rotation settings, while working collegially with physicians and nurse practitioners. During the year, each resident gives presentations, such as patient management conferences, in-services to nurses and physicians, journal clubs, and an Accreditation Council for Pharmacy Education (ACPE) accredited one hour continuing education presentation. A residency project is required; each resident presents a poster outlining a research hypothesis & methods and the completed project at a regional meeting.

## Benefits

Residents receive a stipend of \$48,037 per annum. PGY1 residents meet the eligibility requirements for the Federal Employee Health Benefits (FEHB) and Federal Employees Group Life Insurance (FEGI) . [Link to Federal employee benefits](#) Residents can enroll in FEHB their first days at the VA. Residents do not meet the eligibility of requirements for the following: Family, Medical Leave, including paid parental leave and Flex Spending Accounts (FSAFEDS). Residents accrue 4 hours per pay period (13 days) of annual leave (vacation) and 4 hours per pay period (13 days) of sick leave during the residency program. Additional benefits include: 10 paid Federal holidays and free parking on the SAVAHCS campus and urban Community Based Outpatient Clinics. (CBOC)

## Required Learning Experiences

The following learning experiences are required for each resident during the 52 weeks of residency training. The learning experiences that are longer than 32 weeks are considered longitudinal experiences.

### Clinical Experiences

Acute Care Medicine (two 8-week experiences)

Critical Care (4 weeks)

Primary Care (two 4-week experiences)

Pharmacy Operations (4 weeks)

**Longitudinal:** Primary Care Clinic (Half a day weekly), Weekend Staffing (average one weekend every month)

### Projects and Presentations

Management conferences (6)

Journal clubs (4)

Continuing Education (CE) presentation

Provider Newsletter

Patient Newsletter

Medication Use Evaluation (MUE)

Administrative Project

Quality Improvement (Anticoagulation)

**Longitudinal:** Adverse drug reactions (ADRs), Research Project, Wellness and Leadership Conference Series (WALCS)

## Brief Description of Required Experiential Learning Sites

### Primary care

Primary Care Clinics are multidisciplinary teams in a PACT model (Patient Aligned Care Team) that provide general internal medicine care to Veteran patients. PACT is also widely known as the medical home model, where the PACT team is working in partnership with the Veteran to deliver care in diverse methods. The pharmacy practice model for the clinics is an integrated approach and the primary care team clinical pharmacy practitioners (CPP) manage the general internal medicine needs of patients on their assigned PACT team. The PACT CPP utilize a skills-based scope of practice with prescribing privileges allowing independent management of chronic disease states, including but not limited to hypertension, hyperlipidemia, diabetes, anti-coagulation, smoking cessation, COPD, GERD, and management of musculoskeletal and neuropathic pain syndromes. The CPP are also responsible for assisting in the development, implementation, and monitoring of drug therapy plans for clinic patients. The CPP ensure that patients are receiving appropriate drug therapy by completing patient interviews, performing general medication counseling, and reviewing computerized medical records. The CPP conduct medication reconciliation and provide answers to drug information questions. Each resident has two four-week learning experiences and a weekly half day clinic in primary care during the residency program.

### Acute Care Medicine

There are teaching and non-teaching internal medicine teams. The teaching teams are staffed by an attending physician, a second- or third-year medical resident, medical interns, and medical students. Additionally, the pharmacy resident, student and preceptor are incorporated in the internal medicine team. The resident is assigned to one of the teaching medicine teams at the start of the 8-week experience. The preceptor accompanies the pharmacy resident to directly evaluate the resident's interactions with the team during the first few weeks during the first block of the acute care medicine learning experience. During the second block of the acute care medicine learning experience, the pharmacy resident may be assigned to their own medicine team based on knowledge base, attitude and work ethic; however, the pharmacy resident continues to report to the preceptor. The residents and preceptors work with the decentralized pharmacists on the medicine floors to provide pharmaceutical care to the patients admitted and are responsible for

patient-specific drug therapy issues for the patients assigned to the team. The majority of the time there is an APPE pharmacy student on the team and the resident serves as a co-preceptor.

### Critical care

The critical care pharmacist and pharmacy resident work with the critical care medicine (CCM) team to review cases and make pharmacy recommendation for patients in the critical care unit. The primary responsibility for the pharmacy resident during the four-week learning experience is the patients being followed by the CCM team. The patients in the surgical critical care area are reviewed for medication concerns as well. In addition to making pharmaceutical recommendations, the pharmacy resident evaluates and interviews patients admitted to the Intensive Care Unit (ICU) and documents interactions and recommendations in pharmacy progress notes. The pharmacy resident attends teaching management rounds providing pharmacy input for patients and performs antimicrobial stewardship for the patients admitted to the ICU. The pharmacy resident serves as co-preceptor for pharmacy students on rotation for critical care

### Pharmacy Operations

The pharmacy resident is oriented to the dispensing role of pharmacy operations and pharmacy automation commonly seen in both the inpatient and outpatient settings. Three weeks are spent in the outpatient pharmacy setting and one week in the inpatient pharmacy setting. In the outpatient portion, the resident gains competence and proficiency in prescription verification, resolving potential issues related to medications, patient counseling, answering medication-related questions, and adjudicating non-formulary requests. The inpatient portion focuses on the inpatient pharmacy operations including IV admixture, unit-dose, ordering processing, triaging issues and problem resolution. The inpatient experience builds on the resident's other inpatient weekend staffing training.

## Longitudinal Administrative Activities

The mission of the pharmacy administration experience is to provide the resident with the opportunity to observe and participate in the administration of the Pharmacy Service and develop leadership skills. Drug information and drug policy development activities occur throughout the residency. Each pharmacy resident develops or evaluates a medication criteria for use, develops and completes a medication use evaluation, MUE, and presents to the Pharmacy and Therapeutics Committee. Pharmacy residents participate in adverse drug reaction reporting and pharmacy quality improvement programs throughout the program. The residents take an active role for developing and implementing changes based on MUE or other quality management projects. The pharmacy resident gains experience in writing, editing, and publishing a drug therapy and both provider and patient pharmacy newsletter. Residents participate in the wellness and leadership conference series (WALCS) discussing topics including implementing new clinical services, professional involvement, quality management, clinical pertinence and credentialing for pharmacists, human resources, health system metrics, budget and inventory management, resilience, and integrating work life balance. All of these experiences are longitudinal to provide residents experience in managing a practice.

## Longitudinal Experiential Activities

- Primary care longitudinal experience occurs one-half day per week in a primary care clinic throughout the residency
- Weekend inpatient pharmacist staffing: residents staff an average of one weekend each month plus one holiday. Staffing consists of two residents working together to perform the clinical and distributive functions in the IV room and the satellite pharmacy located on the ICU floor

## Teaching Experience Activities

The pharmacy resident delivers multiple educational presentations during the residency program. Examples of required presentations include:

- Disease state and/or medication management topic presentations (6 presentations)
- Journal clubs (4 presentations)
- ACPE-accredited continuing education presentations (one 1-hour ACPE presentation)

The pharmacy resident has the opportunity to attend SAVAHCS management conferences (grand rounds) with members of the healthcare team.

SAVAHCS pharmacy residents co-precept and teach pharmacy students (over 30 APPE pharmacy student rotations at SAVAHCS in a year). Precepting activities and opportunities include:

- Precepting pharmacy students while on rotations (acute care medicine, primary care)
- Proctoring University of Arizona College of Pharmacy case discussions
- Proctoring University of Arizona College of Pharmacy OSCE cases
- Academia elective opportunity at the University of Arizona College of Pharmacy

## Elective Opportunities

Residents choose three electives. Each elective is a four-week learning experience tailored to the specific interests of the resident within the training program. Common electives are oncology, specialty primary care, mental health, infectious disease, emergency medicine, geriatrics, and academia (e.g. with the University of Arizona College of Pharmacy).

Electives also can be developed based on the resident's interest (e.g. cardiology).

## Residency Project

A completed residency project is required during the residency program. The resident chooses from a variety of research topics based upon the resident's interest and presents the completed project at a regional meeting. There are three weeks scheduled with the program for research. One week is during the first quarter of the program focusing on protocol and project approval process. Two weeks are scheduled during the beginning of the third quarter for data collection and analysis. The project is submitted in a written finalized report before the conclusion of the residency program in a format suitable for publication. Recently completed projects completed are:

### 2023-2024

- Effectiveness of Medication Restriction in Preventing Suicide among High-Risk Veterans
- Assessing Antidepressant De-Prescribing Rates in Veterans with Single Episode Depression Treated in Primary Care Settings
- The role of glucagon-like peptide 1 (GLP-1) agonists in alcohol use disorder
- Impact of concomitant CYP2D6 inhibitors on beta blocker safety outcomes (DIBBS)
- Veterans with Advanced Stage/Metastatic Cancer Using Long-term Anticoagulation- A Review of Safety and Effectiveness
- Phenobarbital vs. Benzodiazepines for the treatment of Moderate to Severe Alcohol Withdrawal Syndrome in Veterans
- The Role of IV Methocarbamol to Ameliorate the Use of Opioids in Postoperative Patients: A Retrospective Review
- A Retrospective Review of Adjuvant Endocrine Therapy for Hormone-Receptor Positive Breast Cancer in Veterans

### 2022 – 2023

- Effect of a Delirium Protocol on the Use of Deliriogenic Medications in Hospitalized Older Veterans
- Efficacy and Safety of First-Line Therapy for Advanced/Metastatic Lung Cancer
- Rate of Emergency Department Encounters for Treatment-emergent Anxiety due to Initiation of High-dose versus Low-Dose Sertraline
- Real-world Use of Anti-SARS-CoV-2 Monoclonal Antibody Therapies for the Treatment of Mild-to Moderate COVID-19.
- Fluid resuscitation in septic patients with and without heart failure at a VA healthcare facility (SEPTIC-HF)
- A Review of toxicities for first line chemotherapeutic regimens in Veterans with Metastatic Colorectal Cancer
- Impact of Pharmacists on Uptake of SGLT2i Prescribing for HFrEF

- Retrospective Chart Review on the Efficacy of Data-Based Opioid Risk Review in Patients with Chronic Pain
- Retrospective Review of Rasburicase in a Veteran Population

## 2021 – 2022

- Examination of Perioperative Buprenorphine Management on Post-Surgical Pain and Opioid Use
- GLP-1 Agonist Effectiveness in Type 2 Diabetic Veterans Relative to Beta-Cell Function
- The Impact of Mental Health Pharmacist-Initiated Medication Assisted Therapy on Alcohol-Related Emergency Department Visits by Patients with Alcohol Use Disorder (AUD)
- Effect of Early Norepinephrine Administration on Survival in Patients with Septic Shock
- Every other day iron supplementation in male veterans with iron deficiency anemia
- Comparison of Continuous Glucose Monitoring on Glycemic Control and HbA1C reduction.
- Safety and efficacy of imatinib in a Veteran population with chronic-phase chronic myeloid leukemia
- Empagliflozin and Deprescribing of Antidiabetic and Antihypertensive Agents in Veterans with Hypertension and Type 2 Diabetes
- Evaluation of cisplatin/gemcitabine/nab-paclitaxel versus gemcitabine/nab-paclitaxel in metastatic pancreatic cancer

## Commonly Asked Questions

Q: Do I need to be licensed in Arizona for the SAVAHCS residency?

A: For VA residencies, including SAVAHCS, you may obtain pharmacist licensure in any of the United States. It is not a requirement for you to be licensed specifically in Arizona for the SAVAHCS residency.

Q: I do not have US citizenship but have a green card. Am I eligible for the residency program?

A: Unfortunately, as a Federal Employer, we only accept residents with US citizenship. We are unable to accept potential residents with a green card.

Q: Do I need to complete an APPE VA rotation to apply to this program?

A: No, you do not need to complete an APPE VA rotation to apply!

Q: What are the staffing requirements for this program?

A: Generally, this is one weekend each month. Staffing consists of two residents working together to perform the clinical and distributive functions of a pharmacist in the Inpatient Pharmacy.

Q: May I do an elective experience that is not listed?

A: Elective experiences may be created on site if there is a qualified residency preceptor for that experience. (e.g. administration was developed for Class of 2021). Electives may potentially be arranged by the resident and RPD in advance (a minimum of six months in advance) for unestablished off-site elective. There are several factors involved for creating an elective off-site with a qualified residency preceptor (e.g. resident licensure, ability for SAVAHCS to contract with the off-site).

Q: I am interested in pursuing a PGY2. Is it possible to do an elective in that experience prior to ASHP Midyear?

A: Yes. The resident works with the RPD and the elective preceptor to arrange for electives and may do so prior to ASHP Midyear.

Q: What PGY2 programs are available at SAVAHCS? Does the PGY2 programs participate in early commitment?

A: SAVAHCS offers the PGY2 program in oncology and does not participate in early commitment.

Q: Does the SAVAHCS PGY1 residency program involve teaching and/or offers teaching certificates?

A: The residency program does not offer teaching certificate. However, precepting and educational activities are longitudinal experiences during the residency program. Please see [Educational Experience Activities](#) above.

Q: Do you participate in CareerPharm's Personnel Placement Service (PPS) at the ASHP Clinical Midyear meeting?

A: We do not participate in PPS.

Q: Is it possible to speak with a current pharmacy resident?

A: Of course! [Click here to send an email.](#)

## Points of Contacts

**For further information or questions, please feel free to email:**

**[Stephanie Davis, PharmD, BCACP](#)**

PGY1 Pharmacy Residency Director